

WHAT RESULT DO WE WANT?

All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.

WHY IS THIS IMPORTANT?

An average of nine North Carolinians died each day from a drug overdose in 2020, a 40% increase from the previous year. This stark increase during 2020 aligns with the increases experienced nationwide with the nation exceeding 100,000 deaths. In North Carolina, the number of drug overdose deaths — from illicit substances and/or medications — increased by nearly 1,000 deaths, from 2,352 in 2019 to 3,304 in 2020. There were also nearly 15,000 emergency department visits related to drug overdoses in 2020. Provisional surveillance data suggest these increases continued through 2021. Both overdose deaths and the increases disproportionately affect historically marginalized populations.¹

HNC 2030 HEADLINE INDICATOR:

Drug overdose deaths in North Carolina per 100,000 population, age-adjusted

WHAT DOES THIS INDICATOR MEASURE?

- Number of people who die because of drug poisoning per 100,000 population (age-adjusted to 2000 standard population)
- The data are disaggregated by race/ethnicity, county, and gender

Drug categories included:

- heroin
- natural opioid analgesics, including morphine and codeine and semisynthetic opioids, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone
- methadone, a synthetic opioid
- synthetic opioid analgesics other than methadone, including drugs such as fentanyl and tramadol
- cocaine
- psychostimulants with abuse potential, which includes methamphetamine.

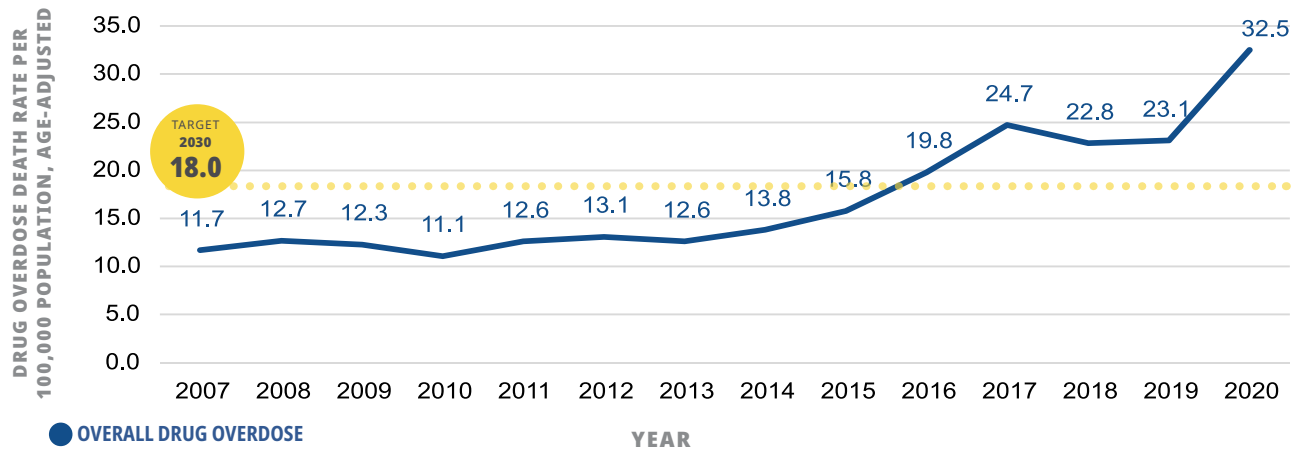
Drug overdose deaths involve medical examiners whose cases can be delayed while cause of death determinations await toxicology reports before they can be completed. Small numbers in subgroups can make rates unstable and may necessitate the combining of years.

BASELINE DATA FROM HNC 2030**HOW ARE WE DOING?**

- Drug overdose death rates have doubled since 2015, with American Indian/Alaskan Native group experiencing the highest rate increase.
- Drug overdose death rates continue increasing for both males and females, but the rate of increase is higher for males.

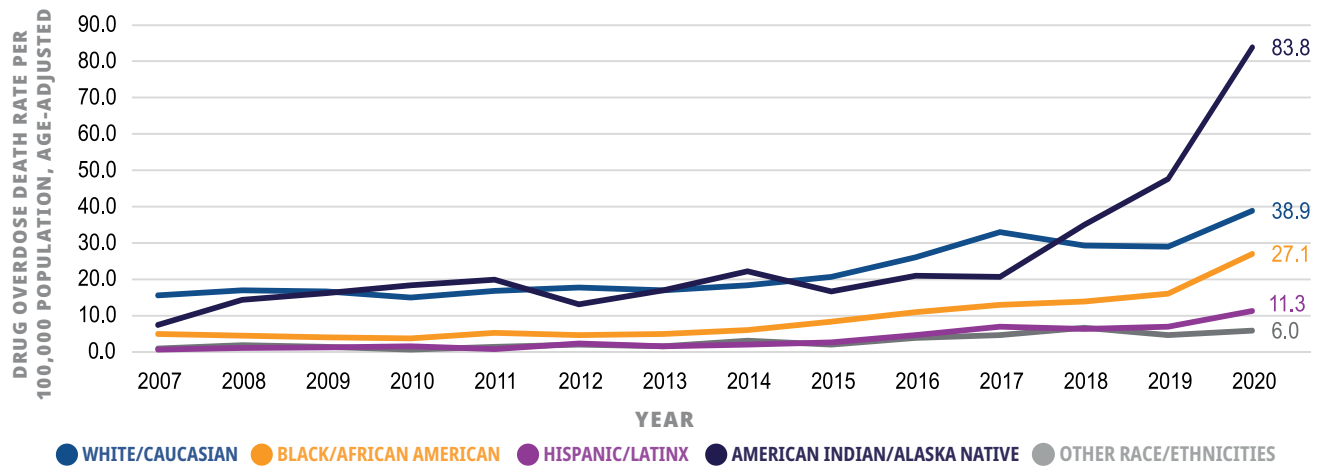
CURRENT DATA TRENDED OVER TIME

Figure 41. Drug overdose death rate in North Carolina (2007 - 2020)



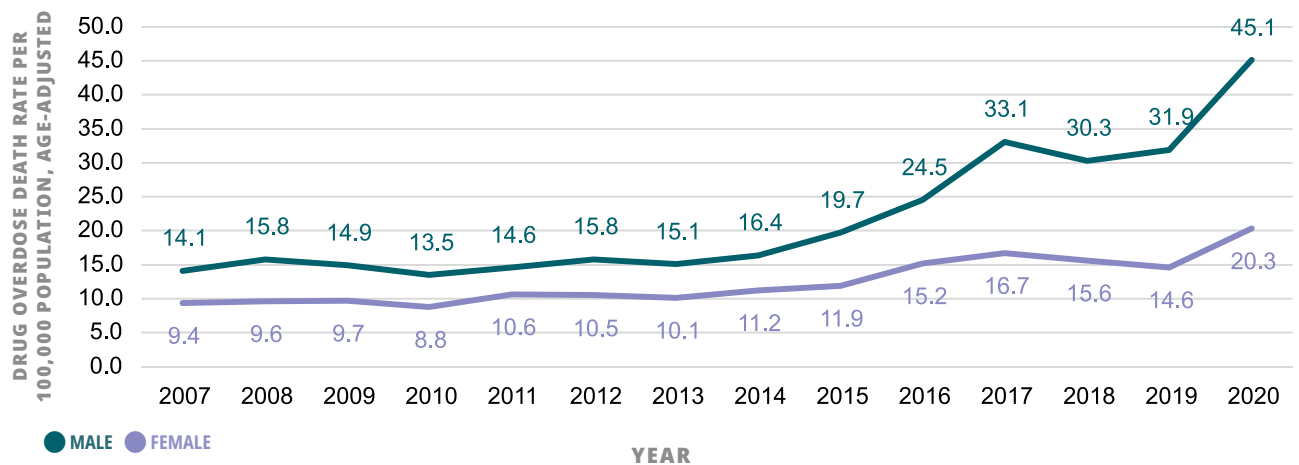
Data source: N.C. State Center for Health Statistics, Vital Statistics

Figure 42. Drug overdose death rate in North Carolina by race/ethnicity (2007 - 2020)



Note: Data unavailable for Asian/Pacific Islanders. Data source: N.C. State Center for Health Statistics, Vital Statistics

Figure 43. Drug overdose death rate in North Carolina by gender (2007 - 2020)



Data source: N.C. State Center for Health Statistics, Vital Statistics

THE STORY BEHIND THE CURVE

Prescription medications have been a major driver of the opioid epidemic, but illicit drugs (heroin and synthetic fentanyl) are also increasingly contributing to this problem. Additionally, North Carolina and many other states are identifying fentanyl and opioid analogues in other kinds of illicit drugs (including cocaine, methamphetamine and counterfeit pills). People using these substances may unknowingly be exposed to opioids and are at high risk of opioid overdose. Using harm reduction techniques for safer use and having naloxone on-hand can help prevent fatal opioid overdose.²

WHAT OTHER DATA DO WE NEED?

- Substance use disorder and unemployment are closely related. Unemployment data is needed
- Statewide overdose dashboard-definitions should match/be consistent to avoid confusion
- Emergency department visits for substance use disorder
- Emergency medical service calls for substance use disorder
- Availability of sterile syringes, naloxone, and buprenorphine
- Deaths and emergency department visits

WHAT COULD WORK TO TURN THE CURVE?

- Advocate for comprehensive resource repositories, such as 211 or NCCARE360
- Encourage insurance companies to expand access to treatment and recovery services by piloting alternative pain management models
- Expand housing support services that implement a housing first model and accept people with substance use disorders
- Expand Medicaid eligibility
- Expand peer support specialist programs
- Expand rapid access to crisis services, including implementing the national 988 number
- Implement broader use of NC Controlled Substance Reporting System by health care providers and pharmacies
- Implement “Formerly Incarcerated Transition” programs
- Improve access to drug treatment programs, including medication-assisted treatment
- Increase access to care for justice-involved populations who have behavioral health needs by diverting more people away from incarceration and into treatment, adding more jail-based “medication assisted treatment” programs, and restoring individuals’ capacity in jail- and community-based settings
- Increase distribution of naloxone
- Increase the use of agonist therapies (methadone and buprenorphine)
- Increase training for county commissioners on evidence-based practices for substance use disorder
- Increase training for health care providers on buprenorphine prescribing
- Increase training for health care providers on safe prescribing practices
- Invest in care management and connections to treatment for families with substance use disorders who are involved with the Child Welfare System
- Invest in long-term support for syringe service programs, and expand their ability to increase drug checking to prevent overdoses from contamination
- Support policies that decriminalize and promote treatment of substance use disorder
- Support the cost of treatment, safe recovery housing, and prescriptions



RECOMMENDED READING/LISTENING

Essential Actions to Address the Opioid Epidemic: A Local Health Department's Guide.
<https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/nc-essential-actions-address-opioid-epidemic-local>

North Carolina Opioid Settlement Dashboard.
<https://ncopioidsettlement.org/>

Opioid Action Plan 3.0.
 North Carolina Department of Health and Human Services. (2021, May). North Carolina's opioid and substance use action plan, version 3.0.
<https://www.ncdhhs.gov/about/departments-initiatives/overdose-epidemic/north-carolinas-opioid-and-substance-use-action-plan>

NC PARTNERS WHO CAN HELP US

PARTNER/POTENTIAL PARTNER	WEBSITE LINK
Monarch	https://monarchnc.org/services/
NC Council of Churches	https://www.ncchurches.org/programs/phw/opioid-crisis/
NC DHHS North Carolina Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)	https://www.ncdhhs.gov/about/departments-initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee
NC DHHS North Carolina Treatment Accountability for Safer Communities (NC TASC)	https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/treatment-accountability-for-safer-communities
North Carolina Area Health Education Centers (NC AHEC)	https://www.ncahec.net/healthy-north-carolina-2030/
North Carolina Harm Reduction Coalition (NCHRC)	https://www.nchrc.org/programs/overdose-prevention/
North Carolina's Certified Peer Support Specialist Program	https://pss.unc.edu/
North Carolina Department of Insurance Office of State Fire Marshal (NC OSFM)- Safe Kids NC	https://www.ncosfm.gov/community-risk-reduction/safe-kids/safe-kids-nc-information
North Carolina Medical Board	https://www.ncmedboard.org/resources-information/professional-resources/special-topics
North Carolina Treatment Accountability for Safer Communities (NC TASC)	https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/treatment-accountability-for-safer-communities
Opioid Response Network (ORN)- funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)	https://opioidresponsenetwork.org/
Recovery Communities of North Carolina	https://www.rcnc.org/programs-services/
Stop the Addiction Fatality Epidemic (SAFE) Project	https://www.safeproject.us/
UNC Injury Prevention Research Center (IPRC)	https://iprc.unc.edu/research/opioid-disorder-overdose/